

## **Transitional Planning Standards**

Transitional planning is a multi-step service that helps to ensure a continuum of services for HIV-infected pre-release inmates who have disclosed their HIV status within the correctional facility. Transitional planning addresses care, prevention and support services needs of inmates to ensure a coordinated transition from incarceration to community. It facilitates access to interventions that will address the prevention needs of persons who are HIV-infected. Post-release follow-up is required to determine health and human service outcomes and, if necessary, reconnect to care and prevention services.

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*Revised: July 15, 2005*

Standard	Criteria	Guidance
<p><b>1. Transitional Planner Qualifications</b></p> <p>Qualifications for transitional planners should be determined by the hiring contractor according to pre-determined guidelines as set forth in the agency's policy and procedure manual.</p>	<p>Transitional planning takes place in a complex environment. Staff involved in transitional planning must be able to navigate institutional, inter-organizational, interdisciplinary and interpersonal issues. Coordination with key community providers and facility personnel (e.g., nurse administrator, parole officer) responsible for discharge planning is required. Cultures, missions, objectives and legal mandates of organizations differ, as do the issues faced by inmates.</p> <p>Contractors must ensure that transitional planners are qualified and appropriately trained. Training must include basic knowledge of HIV/AIDS, HIV confidentiality, fundamentals of case management, entitlements, community resources, referrals, protocols of the Department of Correctional Services (DOCS) and county jails, and any other issues specific to the needs of the inmate being released.</p> <p>Transitional planners must be knowledgeable about the processes for completing applications for entitlements such as:</p> <ul style="list-style-type: none"> <li>• Uninsured Care Program (AIDS Drug Assistance Program - ADAP)</li> <li>• Medicaid</li> <li>• Social Security Income (SSI)</li> <li>• Social Security Disability Income (SSDI)</li> <li>• Food Stamps</li> <li>• New York City HIV/AIDS Services Administration (HASA)</li> </ul>	<p><u>Purpose/Rationale</u></p> <p>Releasees/parolees require continuity of care and services upon their return to the community. It is, therefore, important for transitional planners to be qualified, trained and aware of the challenges and ways to overcome barriers to service delivery.</p> <p><u>Best Practice</u></p> <p>Hiring of transitional planners should include consideration of any or all of the following:</p> <ul style="list-style-type: none"> <li>• Education and/or work history in health and human services, including social work.</li> <li>• Utilization of a peer approach by seeking to hire ex-offenders, persons living with HIV/AIDS, and/or individuals in substance use recovery, who have successfully navigated social service systems.</li> </ul> <p><u>Exceptions</u></p> <p>None</p>

Standard	Criteria	Guidance
<p><b>2. Intake/Assessment</b> Intake/assessment is the collection of personal data on the inmate, which enables the coordination of care and services upon release to the community. Intake/assessment should begin three (3) to six (6) months prior to release.</p>	<p>The intake/assessment is the collection of personal data regarding the pre-release inmate, including family history, medical and psycho-social needs, benefit eligibility and substance use history. Intake/assessment may include referral for legal services and coordination for mental health care.</p> <p><u>Minimum information to be collected:</u></p> <ul style="list-style-type: none"> <li>• Client demographics</li> <li>• Signed "HIPAA Compliant Authorization for Release of Medical Information and Confidential HIV-Related Information" (DOH-2557) for appropriate contacts (see Appendix A)</li> <li>• Signed standardized "Consent for Participation in Transitional Planning Services" form (see Appendix B)</li> <li>• Confirmed HIV status</li> <li>• HIV risk behavior(s)</li> <li>• Basic HIV/harm reduction education needs</li> <li>• Recent hospitalizations/medical treatment history/medical needs</li> <li>• Substance use and history of treatment</li> <li>• Mental health history/counseling needs</li> <li>• Housing/family/support needs</li> <li>• Faith affiliation</li> <li>• History of previous services prior to current incarceration</li> <li>• Benefits/documentation/referrals needed prior to release (e.g., Medicaid)</li> <li>• Legal Assistance: Legal assistance is limited and only related to accessing and maintaining services in support of the transitional plan (e.g., request from inmate for transitional planner to write a letter to the court attesting to inmate's medical needs, or to a legal organization for pro bono assistance related to permanency planning). Requests for legal services related to criminal charges should be referred to legal counsel.</li> <li>• <u>For state correctional facilities:</u> Parole status/information (e.g., in-facility parole officer, board date, release date)</li> <li>• <u>For county jail facilities:</u> obtain release date, if known</li> </ul> <p>The intake/assessment must be signed and dated by the transitional planner. Information gathering for intake/assessment continues through the development of the transitional plan.</p>	<p><u>Purpose/Rationale</u> The purpose of the intake/assessment is to identify the needs and determine the necessary information and activities required to enable acquisition of HIV-related services upon release to the community.</p> <p><u>Best Practice</u> A client-centered interview that includes active listening will enhance the building of rapport with the inmate. Rapport will assist in obtaining personal data necessary for the development of the transitional plan.</p> <p>An early assessment of inmate readiness for community reentry provides an opportunity to offer interventions prior to release and timely information for benefits acquisition.</p> <p><u>Exceptions</u> It may not be feasible to conduct intake/assessment three (3) to six (6) months prior to release. In county jails, this may be due to the short period of time for detention or sentence. In state correctional facilities and county jails, there may be a late identification of an inmate in need of services or an unanticipated early release.</p>

Standard	Criteria	Guidance
<p><b>3. Development of Client-Specific Transitional Plan</b> Information gathered from the intake/assessment should be used to develop a plan of action. The plan is accepted by the inmate and is appropriate to the inmate's identified needs.</p>	<p>The transitional planner and inmate must work together with in-facility staff responsible for transitional/discharge planning:</p> <ul style="list-style-type: none"> <li>• <u>Medical Staff</u> - to ensure optimal service provision</li> <li>• <u>In-Facility Parole Officer</u> - to ensure coordination (for state correctional facilities)</li> <li>• <u>Other Staff</u> - to ensure completion of forms, obtaining medical summaries and securing ADAP card</li> </ul> <p>Results of coordination must be documented in the case file to assure that responsibilities are clearly understood and there is no duplication of services. If there was no opportunity to coordinate responsibilities, the transitional planner must also document that outcome in the case file.</p> <p>Referrals and services to be provided upon release must be customized based on the intake/assessment and the desire for services expressed by the inmate:</p> <ul style="list-style-type: none"> <li>• Acquisition or verification of documentation needed to qualify for services</li> <li>• Entitlements needed</li> <li>• Referral(s) to services within the inmate's home community</li> <li>• Follow-up system to verify services were obtained upon release</li> </ul> <p>The transitional planner must assist the inmate with obtaining <u>at least</u> the following documents and entitlements for their release packet:</p> <ul style="list-style-type: none"> <li>• Signed consent for appropriate release of information for the planning process and tracking the first medical appointment and/or case management contact</li> <li>• Comprehensive Medical Summary/M11Q</li> <li>• ADAP Application and/or ADAP Card</li> <li>• Personal identification</li> </ul> <p>The transitional planner, as appropriate, must assist the inmate with obtaining the following documents and/or services for their release packet:</p> <ul style="list-style-type: none"> <li>• Social Security Card, New York State identification or copy of birth certificate</li> <li>• Medicaid application completed and appointment made with Local Department of Social Services (LDSS)</li> <li>• SSI benefit application completed (e.g., client requires immediate release to a hospice or skilled nursing facility)</li> <li>• New York City HIV/AIDS Services Administration (HASA) or county social service application for income support and housing</li> </ul>	<p><u>Purpose/Rationale</u> The development of the client specific transitional plan prepares the inmate for community reentry. This preparation requires an assessment of the inmate's readiness to meet the challenges of community reentry. The development of the plan includes the initiation of the process to acquire documents needed to access benefits/entitlements in the community.</p> <p><u>Best Practice</u> The transitional plan is client-specific and corresponds to the intake and assessment of the inmate's needs. If the inmate will be paroled, there is evidence that the plan was approved by the in-facility parole officer. Development of the plan must be timely and address immediate, concrete needs. Ample time and multiple meetings between the inmate and transitional planner can be crucial for making arrangements for housing, treatment adherence and continuity of medical care.</p> <p><u>Exceptions</u> Time and resource constraints may not allow obtaining certain documents and entitlements for the release packet. Any such constraints should be documented in the case file.</p>

Standard	Criteria	Guidance
<p><b>4. Transitional Plan</b> Every inmate receiving transitional planning must be provided with a written plan upon release.</p>	<p>Transitional planning forms developed by the AIDS Institute's Criminal Justice Initiative should be used during transitional planning. The transitional plan should contain the following:</p> <ul style="list-style-type: none"> <li>• Comprehensive Medical Summary/M11Q</li> <li>• Documentation citing coordination with facility medical staff regarding HIV medications (30-day supply), prescription (30-day supply) and other required medications</li> <li>• Identification</li> <li>• Housing arrangement (if approved by NYS Division of Parole - DOP)</li> <li>• Substance abuse treatment placement (if approved by DOP)</li> <li>• Address and phone number of LDSS</li> <li>• Referral or appointment for Case Management services</li> <li>• Appointment(s) for medical care</li> <li>• ADAP card (or ADAP application in process with card to be sent to parole officer or case management referral agency counselor)</li> <li>• Pharmacy referral for ADAP-enrolled pharmacies in the service area of client's residence</li> <li>• Transitional Planning agency address, phone number and contact person to address inmate's questions immediately after release</li> <li>• Basic HIV information, hotline and key phone numbers to services in inmate's home community</li> <li>• <u>For parolees from state correctional facilities:</u> If possible, field parole officer's name, phone number, date of first visit and location</li> <li>• <u>For probationers from county jail facilities:</u> If possible, probation officer information</li> </ul> <p>The transitional plan must be reviewed, signed and dated by the inmate, transitional planner and supervisor.</p>	<p><u>Purpose/Rationale</u> The transitional plan ensures a coordinated transition from incarceration to community. The plan facilitates access to interventions that will address the needs of the inmate to maintain optimal health and well-being, and to diminish the risk of HIV transmission to others.</p> <p>The transitional plan provides the client with information related to appointments for primary care, HIV prevention services, supportive services and community-based case management.</p> <p><u>Best Practice</u> Enhancements to the transitional plan include:</p> <ul style="list-style-type: none"> <li>• arrangement for escort and transportation</li> <li>• linkage to faith community contact</li> </ul> <p><u>Exceptions</u> If the transitional plan is not provided to the inmate upon release, the transitional plan must be forwarded to the parole officer or other appropriate contact.</p> <p>Parole or probation officer information may not be available; if so, this must be documented in the transitional plan case file.</p>

Standard	Criteria	Guidance
<p><b>5. Release to Community</b> Two-week post-release follow-up is required to confirm that the releasee was connected to care and services.</p>	<p>There must be a documented procedure in place for two-week post-release follow-up to confirm that the releasee is connected to care/services, and if not, to identify why and attempt to return the individual to care/services. Two-week follow-up must include determination of whether the releasee received housing placement and kept his/her first appointment for medical care and case management services. The two-week follow-up must also include determination of whether the client had stable housing (i.e., known address(es) for two weeks following the date of release).</p> <p>Also at two weeks post-release, the transitional planner must confirm that an ADAP Card was issued to the inmate before release, or that the inmate was enrolled in the Uninsured Care Program (ADAP) before or after release. If the releasee was not enrolled into the Uninsured Care Program (ADAP), the transitional planner, at a minimum, should provide the releasee with the Uninsured Care Program (ADAP) phone number (1-800-542-2437) and encourage enrollment.</p> <p>If the paroled releasee is lost to care, the transitional planner must attempt to contact the field parole officer to conduct the two-week post-release follow-up. All outcomes of the transitional planner's inquiries to providers must be documented in the transitional plan case file.</p>	<p><u>Purpose/Rationale</u> Transitional Planners <u>must</u> confirm linkage to care and services for inmates after release. Post-release follow-up is <u>required</u> to determine health and social service outcomes and, if necessary, attempt a re-connection to care and prevention services. Connections made and kept by clients within two weeks of release enhance the likelihood of successful community reentry.</p> <p><u>Best Practice</u> The transitional planner should promote self-responsibility, self-advocacy, self-care and self-discipline.</p> <p><u>Exceptions</u> A two-week post-release follow-up may not be possible due to: - Refusal of the releasee to continue to participate in transitional planning - Re-arrest of the releasee</p> <p>Reasons for inability to follow-up must be documented in the releasee's case file.</p>

Standard	Criteria	Guidance
<p><b>6. Case Closure</b> After the two-week post-release follow-up is completed, the final disposition of the releasee's community reentry status must be documented and placed in the case file.</p>	<p>The case closure form must be completed by the transitional planner and includes reasons for case closure (e.g., services completed, refusal of releasee to participate, re-incarceration, death). The case closure form must be signed and dated by the transitional planner and supervisor.</p>	<p><u>Purpose/Rationale</u> Case closure documents the conclusion of the transitional planning process and records the significant outcomes of the releasee encounters.</p> <p><u>Best Practice</u> Documentation should be clear, concise, accurate and timely.</p> <p><u>Exceptions</u> None</p>

Standard	Criteria	Guidance
<p><b>7. Evaluation/ Quality Assurance</b> Evaluation and quality assurance protocols must be defined within the program policy and procedures manual.</p>	<p>An evaluation of transitional planning services may include, but not be limited to, the following:</p> <ul style="list-style-type: none"> <li>• Distribution and retrieval of a written satisfaction survey of inmates prior to release and, if possible, post-release</li> <li>• Assessment of the quality of referrals, the appropriateness of the referral agency(s) and the associated service outcomes upon community re-entry</li> <li>• Documentation of case file review to ensure all appropriate information has been provided in a timely manner and all transitional plans are appropriate</li> <li>• Documentation of annual review of referral resources and service agreements</li> <li>• Assessment of services to ensure compliance with Article 27-F, HIV Confidentiality Law</li> <li>• Completion of a supervisory review, including staff performance evaluations, in accordance with the agency's policy and procedures manual</li> </ul>	<p><u>Purpose/Rationale</u> The intent of evaluation and quality assurance is to continually assess that releasee needs are being met. It is a process of monitoring consumer services to identify opportunities to improve the quality of service provision.</p> <p>The design of an effective quality assurance program includes multiple opportunities to continuously integrate the findings of evaluation into the program.</p> <p><u>Best Practice</u> An evaluation and quality assurance program should include oversight by experts in the field. This may be accomplished through establishing a relationship with an academic institution.</p> <p><u>Exceptions</u> None.</p>



***Appendix A:***

***“HIPAA Compliant Authorization for Release of Medical Information and Confidential HIV-Related Information”  
DOH-2557 (8/05)***

## HIPAA Compliant Authorization for Release of Medical Information and Confidential HIV\* Related Information

New York State Department of Health

This form authorizes release of medical information including HIV-related information. You may choose to release just your non-HIV medical information, just your HIV-related information, or both. Your information may be protected from disclosure by federal privacy law and state law. Confidential HIV-related information is any information indicating that a person has had an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or any information that could indicate a person has been potentially exposed to HIV.

Under New York State Law HIV-related information can only be given to people you allow to have it by signing a written release. This information may also be released to the following: health providers caring for you or your exposed child; health officials when required by law; insurers to permit payment; persons involved in foster care or adoption; official correctional, probation and parole staff; emergency or health care staff who are accidentally exposed to your blood, or by special court order. Under State law, anyone who illegally discloses HIV-related information may be punished by a fine of up to \$5,000 and a jail term of up to one year. However, some re-disclosures of medical and/or HIV-related information are not protected under federal law. For more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065; for information regarding federal privacy protection, call the Office for Civil Rights at 1-800-368-1019.

By checking the boxes below and signing this form, medical information and/or HIV-related information can be given to the people listed on page two (or additional sheets if necessary) of the form, for the reason(s) listed. Upon your request, the facility or person disclosing your medical information must provide you with a copy of this form.

I consent to disclosure of (please check all that apply):

- ☐ My HIV-related information  
☐ Both (non-HIV medical and HIV-related information)  
☐ My non-HIV medical information \*\*

Information in the box below must be completed.

Name and address of facility/person disclosing HIV-related and/or medical information:

\_\_\_\_\_

Name of person whose information will be released: \_\_\_\_\_

Name and address of person signing this form (if other than above):

\_\_\_\_\_

Relationship to person whose information will be released: \_\_\_\_\_

\_\_\_\_\_

Describe information to be released: \_\_\_\_\_

Reason for release of information: \_\_\_\_\_

Time Period During Which Release of Information is Authorized From: \_\_\_\_\_ To: \_\_\_\_\_

Disclosures cannot be revoked, once made. Additional exceptions to the right to revoke consent, if any:

\_\_\_\_\_

Description of the consequences, if any, of failing to consent to disclosure upon treatment, payment, enrollment or eligibility for benefits  
(Note: Federal privacy regulations may restrict some consequences):

\_\_\_\_\_

All facilities/persons listed on pages 1,2 (and 3 if used) of this form may share information among and between themselves for the purpose of providing medical care and services. Please sign below to authorize.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Human Immunodeficiency Virus that causes AIDS

\*\* If releasing only non-HIV medical information, you may use this form or another HIPAA-compliant general medical release form.

**HIPAA Compliant Authorization for Release of Medical Information  
and Confidential HIV\* Related Information**

Complete information for each facility/person to be given general medical information and/or HIV-related information.  
Attach additional sheets as necessary. It is recommended that blank lines be crossed out prior to signing.

Name and address of facility/person to be given general medical and/or HIV-related information:

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Reason for release, if other than stated on page 1:

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If information to be disclosed to this facility/person is limited, please specify:

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Name and address of facility/person to be given general medical and/or HIV-related information:

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Reason for release, if other than stated on page 1:

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If information to be disclosed to this facility/person is limited, please specify:

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The law protects you from HIV related discrimination in housing, employment, health care and other services. For more information call the New York State Division of Human Rights Office of AIDS Discrimination Issues at 1-800-523-2437 or (212) 480-2522 or the New York City Commission on Human Rights at (212) 306-7500. These agencies are responsible for protecting your rights.

My questions about this form have been answered. I know that I do not have to allow release of my medical and/or HIV-related information, and that I can change my mind at any time and revoke my authorization by writing the facility/person obtaining this release. I authorize the facility/person noted on page one to release medical and/or HIV-related information of the person named on page one to the organizations/persons listed.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Subject of information or legally authorized representative)

If legal representative, indicate relationship to subject: \_\_\_\_\_

Print Name \_\_\_\_\_

Client/Patient Number \_\_\_\_\_

## HIPAA Compliant Authorization for Release of Medical Information and Confidential HIV\* Related Information

Complete information for each facility/person to be given general medical information and/or HIV-related information.  
Attach additional sheets as necessary. Blank lines may be crossed out prior to signing.

Name and address of facility/person to be given general medical and/or HIV-related information:

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Reason for release, if other than stated on page 1:

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If information to be disclosed to this facility/person is limited, please specify:

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Name and address of facility/person to be given general medical and/or HIV-related information:

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Reason for release, if other than stated on page 1:

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If information to be disclosed to this facility/person is limited, please specify:

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Name and address of facility/person to be given general medical and/or HIV-related information:

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Reason for release, if other than stated on page 1:

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If information to be disclosed to this facility/person is limited, please specify:

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If any/all of this page is completed, please sign below:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Client/Patient Number \_\_\_\_\_

***Appendix B:***

***“Consent for Participation in Transitional Planning Services”***

## Consent for Participation in Transitional Planning Services

The Transitional Planning services have been fully explained to me. I understand that participation in these services is completely voluntary and I am free to decide who shall provide Transitional Planning services. Knowing this, I have decided to have:

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(Agency)

provide Transitional Planning services. I may choose to decline participation at any time.

I understand that for Transitional Planning to be effective the following activities may be necessary:

1. Intake/Assessment;
2. Service referrals which I have discussed and agreed upon;
3. Case conferencing with other service agencies involved in my care;
4. Internal staff case review;
5. Two-week post release community follow-up; and
6. Case closure.

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Client's Signature

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Date

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Transitional Planner's Signature

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Date

## Glossary

Comprehensive Medical Summary (CMS) - The CMS is a NYS Department of Correctional Services (NYSDOCS) form that provides the inmate's known medical history including diagnosis of HIV infection, treatment and care. Upon discharge, this form is required in order to process social service entitlements and determine housing eligibility.

M11Q: The M11Q is a NYC Department of Social Services, HIV/AIDS Service Administration (HASA) form that provides an individual's known medical history including diagnosis of HIV infection, treatment and care. Upon discharge, this form is required in order to process social service entitlements and determine housing eligibility. HASA will accept NYSDOCS' CMS to determine client eligibility.

New York State Division of Parole (DOP) - The DOP is the government organization responsible for promoting public safety by preparing inmates in state correctional facilities for community release and supervising parolees (an inmate released prior to completion of sentence) through the successful completion of their sentence.

New York City HIV/AIDS Service Administration (HASA) - HASA provides essential services and benefits to individuals and families with AIDS and advanced HIV illness. These services are intended to assist clients in managing their illness, live their lives with the fullest independence and facilitate the acquisition of entitlements.

Supplemental Security Income (SSI) - Funded by the federal government, the Supplemental Security Income (SSI) program makes cash assistance payments to aged, blind and disabled people (including children under age 18) who have limited income and resources.

Social Security Disability Insurance (SSDI) - SSDI provides benefits to disabled or blind individuals who are "insured" by workers contributions to the Social Security trust fund. These contributions are the Federal Insurance Contributions Act (FICA) social security tax paid on their earnings or earnings of their spouses or parents.

HIV Uninsured Care Programs (ADAP, ADAP Plus and HIV Home Care) - Established by the New York State Department of Health's AIDS Institute for New York State residents with HIV infection who are uninsured or under insured, the AIDS Drug Assistance Program (ADAP), ADAP Plus and HIV Home Care provide free medications, treatment and care. The HIV Uninsured Care Programs can help people with partial insurance or who have a Medicaid "spend down" requirement.